

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 589798

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11			1			
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	10	←	14	←		←
TOTAL CLAIMS	12		16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						